

	Document Name: Sample Condition Upon Receipt Form	Document Revised: 15Mar2016 Page 1 of 1
	Document No.: F-VM-C-001-Rev.10	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt	Client Name: <u>USS Corp</u>	Project #: WO# : 1288385
	Courier: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input checked="" type="checkbox"/> Client <input type="checkbox"/> Commercial <input type="checkbox"/> Pace <input type="checkbox"/> Other: _____	PM: MMW Due Date: 06/14/17 CLIENT: USS CORP
Tracking Number: _____		

Custody Seal on Cooler/Box Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Seals Intact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Optional: Proj. Due Date: _____ Proj. Name: _____
Packing Material: <input type="checkbox"/> Bubble Wrap <input type="checkbox"/> Bubble Bags <input checked="" type="checkbox"/> None <input type="checkbox"/> Other: _____	Temp Blank? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Thermometer Used: <input checked="" type="checkbox"/> 140792808	Type of Ice: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Blue <input type="checkbox"/> None <input type="checkbox"/> Samples on ice, cooling process has begun	
Cooler Temp Read °C: <u>3.0</u>	Cooler Temp Corrected °C: <u>3.3</u>	Biological Tissue Frozen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Temp should be above freezing to 6°C	Correction Factor: <u>+0.3</u>	Date and Initials of Person Examining Contents: <u>5-31-17 mmw</u>

Chain of Custody			Comments:
Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.	
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.	
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.	
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.	
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.	If Fecal: <input type="checkbox"/> <8 hours <input type="checkbox"/> >8, <24 hours <input type="checkbox"/> >24 hours
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.	
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.	
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.	
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.	
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.	
Filtered Volume Received for Dissolved Tests?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11.	Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.	
-Includes Date/Time/ID/Analysis Matrix: <u>USS</u>			
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	See pH log for results and additional preservation documentation	
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.	
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.	
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.	
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Pace Trip Blank Lot # (if purchased):			

CLIENT NOTIFICATION/RESOLUTION Person Contacted: _____ Date/Time: _____ Comments/Resolution: _____	Field Data Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
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FECAL WAIVER ON FILE <input type="checkbox"/> Y <input type="checkbox"/> N TEMPERATURE WAIVER ON FILE <input type="checkbox"/> Y <input type="checkbox"/> N Project Manager Review: <u>M. L. Woods</u> Date: <u>6/1/17</u> Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)
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